

# Membership Information

The Arizona Hospice and Palliative Care Organization (AHPCO) is dedicated to advancing quality end-of-life care and serving as a voice and resource for its members and the communities they serve, including:

- Advocating for the provision of care according to hospice and palliative care principles that affirm quality of life for the terminally ill and which neither hastens nor postpones death.
- Supporting an interdisciplinary team approach to symptom management by providing care of the body, mind and spirit for individuals and their families, however defined.
- Providing education and assistance about hospice/palliative care and related issues to its membership and the public.
- Influencing policy and regulatory processes through interpretation and clarification of hospice and palliative care concepts and standards of care to governmental and private sectors.
- Collaborating with other health care providers to assure continuity of care during the last stage of life.
- Ensuring access to hospice and palliative care by promoting the development of programs to underserved populations.

## Provider Membership

**Hospice Provider Member** ..... **Census-Based\*\***

An organization licensed as a hospice by the Arizona Department of Health Services and operating a hospice program consistent with the current Standards and Principles of the National Hospice and Palliative Care Organization.

\*\*\$3.00 per unduplicated patient admission in previous calendar year. (Minimum = \$100 Maximum = \$5,500)

**Hospice Provisional Member** ..... **Complimentary**

An organization newly licensed as a hospice by the Arizona Department of Health Services and operating a hospice program consistent with the current Standards and Principles of the National Hospice and Palliative Care Organization. The provisional membership is valid for a year and then will be converted to a Provider Member upon payment of the current year's dues.

**Hospice and/or Palliative Care Corporation**..... **\$250\***

A corporate or ownership entity, not licensed as a hospice, owning and operating more than one licensed hospice provider site.

\*Dues are in addition to the dues calculated for each site (see application for more info).

**Palliative Care Provider Member** ..... **\$250**

An entity or individual provider currently providing palliative care as defined in the AHPCO bylaws and not full hospice services.

**Benefits:**

- Training Programs on topics and concepts for all members of the Interdisciplinary Team.
- Discounts on all AHPCO education\*, events\* and materials and job postings via the Career Center.
- Access to state and national trends and updates relevant to End-of-Life and Palliative Care.
- Resources for federal and state regulations and legislation that impact providers.
- Member publications and e-communications plus access to the online Member Forum.
- Complimentary Listing in the *Find a Provider* search feature on the Patients/Families section of the website plus an exclusive opportunity to purchase a Linked Logo at a discounted rate.

## Affiliate Membership

**Individual Member** ..... **\$25**

Open to individuals\*\* who desire to support hospice and palliative care concepts through affiliation with AHPCO.

**Benefits:**

- Opportunities to connect with other professionals in the end-of-life community through access to the online forum and Discipline Communities.
- Discounts on all AHPCO education\*, events\* and materials.

\*\*Individuals may not use their membership to solicit other members or otherwise promote any products or services.

**Associate Membership** ..... **\$300**

An institution, corporation or organization desiring to promote hospice and palliative care concepts through affiliation with AHPCO.

**Benefits:**

- Members-only Discounts on all AHPCO education\*, events\* and exhibit space at AHPCO events.
- Complimentary Listing in the *Find a Vendor* search feature on the Resource section of the website plus an exclusive opportunity to purchase a Linked Logo at a discounted rate.
- Member publications and e-communications plus access to the online Member Forum.

\*Note: some events have attendee restrictions.



# Membership Application (Individual & Associate)

Company/Organization Name *(Individual Members may leave this section blank)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Credentials / Designations \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail *(Our member communications are sent via email. Please add [info@ahpco.org](mailto:info@ahpco.org) to your safe list)* \_\_\_\_\_ Website \_\_\_\_\_

## Individual Members

I, the undersigned, understand that I may not use my Individual Membership to solicit other members or otherwise promote any products or services. I further understand the member discount I am able to receive only applies to individual registrations for conferences and events that I am eligible to attend and not to exhibit space or advertising.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Discipline Communities I would be interested in:  Chaplain  Nurse  Social Work  Volunteer Coordinator

## Associate Members

I, the undersigned am an authorized representative for the company listed above and I understand that the Associate Membership may be used to solicit other members or otherwise promote products or services. I further understand the member discount only applies to exhibit space and advertising and that I may not be eligible to attend the conferences as an attendee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the type of services or products you provide: \_\_\_\_\_

**Yes!** I would like to purchase a Logo with a Link on the Website. *Email your logo in jpg format to [info@ahpco.org](mailto:info@ahpco.org).*

## Dues Calculation & Payment Information

**Cancellation Policy:** Dues are considered earned upon receipt and are non-transferable. However, special requests for refunds made within 7 days of receipt will be reviewed on a case-by-case basis - please contact the AHPCO Office for more info.

<input type="checkbox"/> Individual Member	I	X	\$25	=	\$
<input type="checkbox"/> Associate Member	I	X	\$300	=	\$
<input type="checkbox"/> Logo with Link on Find a Vendor Page on Website	I	X	\$500*	=	\$
Total					\$

\*This is an annual fee – the logo ad runs concurrent with membership.

[Click here to apply online](#) or mail this form to the address on our website

For additional info, contact the AHPCO Office at (480) 491-0540. Thank you for your support of AHPCO!

**Yes!** I want to enroll in the Auto Payment Plan with the credit card identified below. I understand my card will be charged on the 1<sup>st</sup> of the month following my anniversary date. I may cancel this plan anytime up until 30 days prior to my anniversary date.

Card Number (Amex, Visa or Mastercard Only) \_\_\_\_\_ Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Card Billing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

*The Arizona Hospice and Palliative Care Organization is a non-profit 501(c)3 organization. Membership dues may be tax deductible, please consult your tax advisor. 0% of dues are spent on lobbying. Tax ID #: 86-0655760.*